

## REQUEST TO ADD VEHICLES TO PUBLIC SCHOOL VEHICLE POLICY

COMPLETE THE FOLLOWING FOR EACH VEHICLE TO BE ADDED TO THE PUBLIC SCHOOL VEHICLE POLICY:

Year	Make / Model	Bus Capacity	Vehicle Identification Number (Include Complete VIN)	Original Cost	Physical Damage Coverage*	Effective Date Of Coverage	Drivers Education Vehicle	Deletion Date For Drivers Ed Vehicle

\*Indicate if Physical Damage (Comprehensive and Collision) Coverage is requested.

**\*TO REQUEST DELETION OF VEHICLES OR CHANGES TO VEHICLES CURRENTLY INSURED, INDICATE CHANGES ON THE CURRENT SCHEDULE OF COVERED VEHICLES. CIRCLE VIN NUMBER, WRITE DELETE, SIGN, DATE AND RETURN THE FORM TO THE RISK MANAGEMENT DIVISION.** INDICATE SCHOOL DISTRICT NAME AND LEA CODE, SIGN, DATE AND RETURN THE REQUEST TO ADD VEHICLE FORM TO THE ARKANSAS INSURANCE DEPARTMENT, RISK MANAGEMENT DIVISION.

District LEA Code \_\_\_\_\_

District Name \_\_\_\_\_

District Representative \_\_\_\_\_

Date \_\_\_\_\_

**\*DO NOT USE THIS FORM TO DELETE VEHICLES.**

**ARKANSAS INSURANCE DEPARTMENT**  
**Risk Management Division**  
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 Little Rock, Arkansas 72201  
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